undertreated patients; there were no differences in SF-8 Physical Component Summary scores by group. **CONCLUSIONS:** Depressive symptoms are common in patients diagnosed with ACS and appear to be related to lower mental HRQL. Though the need for prospective analyses remains, these observations stress the importance of identification of depressive symptoms in this population and initiation of appropriate psychotherapeutic treatment.

PCV39

HEALTH STATUS IN HIGH-RISK PATIENTS UNDERGOING NONCARDIAC VASCULAR SURGERY IN THE UNITED STATES

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OBJECTIVES: To assess health status in high-risk subjects undergoing noncardiac vascular surgery in the United States. **METHODS:** Health status data were collected as part of a pharmacoeconomic (PE) substudy from a clinical trial in noncardiac vascular surgery patients. The analysis population consisted of subjects (mean age = 70.0) from the primary clinical analysis population of U.S. subjects who consented to participate in the PE substudy. Health status was measured using the 12-item Short-Form Health Survey (SF-12 acute, version 1) at baseline and post-operative Day 30. Physical and mental component summary scores (PCS and MCS) were calculated using published scoring algorithms. **RESULTS:** Of the 370 subjects in the U.S. clinical population, 229 subjects (62%) provided information on the SF-12. Differences in the distribution of age, gender, race, and index procedures were similar in both clinical and PE substudy samples. Mean scores were 30.6 (SD = 10.7) at baseline and 32.8 (10.6) at Day 30 for the PCS; corresponding scores were 50.3 (12.4) and 50.4 (10.5) for the MCS. There was a slight improvement in the mean change from baseline for the PCS and no real improvement for the MCS. The proportion of patients whose SF-12 scores improved from baseline was 54.2% and 45.9% for the PCS and MCS, respectively. Mean baseline SF-12 scores on the PCS for these subjects were noticeably lower than those from the general U.S. population norms aged 65–74 (PCS mean = 43.9, SD = 9.3) and from other common chronic diseases. **CONCLUSIONS:** The data suggest a marginal improvement in PCS, but not MCS scores at post-operative Day 30. A longer follow-up may have been necessary to detect a noticeable improvement in health status. High-risk patients undergoing noncardiac vascular surgery have relatively low levels of physical functioning and well-being compared with many other diseases.

PCV40

ASSESSMENT OF THE QUALITY OF DRUG TREATMENT IN CORONARY ARTERY DISEASE USING QUALITY INDICATORS

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OBJECTIVE: Assessment of quality of drug treatment can be expensive and time consuming. Database of sickness fund was used and a set of non-specific and disease-specific indicators according to treatment guidelines was developed to assess the quality of drug treatment of coronary artery disease (CAD) in counties population. **METHODS:** Patients from 5 selected counties in Slovak Republic treated for CAD were identified from database of General Sickness Fund. Overall prescribed treatment for CAD in 2001 was assessed according to the quantity and quality of prescribed drugs using developed set of 10 quality indicators. **RESULTS:** A total of 52,487 patients (10.3%) were treated for CAD, 65% were female. The mean age was 68.3 years. Seventy-seven percent were also receiving treatment for hypertension and 18% had diabetes. Sixty-five percent were treated with long-acting nitrates, and in almost 25%, long-acting nitrates were the only treatment for CAD. Sixty percent were not receiving beta-blocking agents. Antithrombotic therapy was prescribed for two thirds of patients. Only 15% were receiving hypolipidemic agents. Performance in each county using 10 quality indicators was assessed separately and huge differences between counties were found. **CONCLUSIONS:** The overall score achieved with quality indicators was unsatisfactory. The results show low compliance of physicians with existing guidelines and the need for activities for improving the quality of drug treatment of CAD.

PCV41

MEDICATION POSSESSION RATIOS FOR PATIENTS WITH CALCIUM CHANNEL BLOCKERS AND/OR STATINS

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OBJECTIVES: The purpose of this study is to compare medication adherence in patients initiated on a combination therapy of Calcium Channel Blockers (CCB) and Statins with those on CCB or Statins mono-therapy. **METHODS:** Using pharmacy claims data of a California Medicaid population from 1995 to 2002, we computed a 90, 180, 270 and 365-day Medication Possession Ratio (MPR) for the purpose of measuring medication adherence. Four patient cohorts are compared: 1) CCB only (N = 33,367); 2) Statins only (N = 27,536); 3) Combination Therapy: CCB + Statin (initiated on CCB, Statin addition) (N = 14,866); and 4) Combination Therapy: Statin + CCB (initiated on Statin, CCB addition) (N = 5944). Patients with both a CCB and a Statin medication filled on the same day (N = 1265) are included in both Cohorts 3 and 4. Patients must have Medicaid coverage for at least six months prior to initial CCB or Statin medication use to be included in the analysis. Continued eligibility for an adequate length of time is required to compute MPR for given days (e.g., 3 months continued eligibility to compute a 90-day MPR). **RESULTS:** The average 180-day MPR was 54.5% for Cohort 3 and 52.1% for Cohort 4, which is lower than that of CCB and Statin mono-therapy (56.5% and 59.7%, respectively). However, the average MPR for the combination therapy increased to 64.4% with the addition of a CCB and to 65.2% with the addition of a Statin. In general, average MPRs increased over the years. For the Statins-only cohort, the 180-day MPR increased from 50.8% in 1995 to 64.2% in 2001. **CONCLUSIONS:** Multiple medications appear to reduce medication adherence. For patients using combination therapy of CCBs and Statins, it may be beneficial to develop a combination drug to improve medication adherence.

PCV42

PERSISTENCE AND ADHERENCE TO STATIN THERAPY IN A MANAGED CARE SETTING

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OBJECTIVES: The goal of this study is to evaluate patient persistence and adherence rates to HMG-CoA reductase inhibitors (statins) in a managed care setting. **METHODS:** Retrospective claims analysis of a nationwide managed care pharmacy database was conducted for continuously benefit-eligible patients who were initiated on statin therapy from 1999 to 2002. Patients were tracked for 12 months starting from the date of initial